



CCBHC Stakeholder Advisory Committee March 29, 2016

Iowa Department of Human Services - Mental Health
and Disability Services and Iowa Medicaid Enterprise

Iowa Department of Public Health

Selected EBPs

- Assertive Community Treatment (ACT)
- Psychiatric Rehabilitation Approach (PRA)
- Trauma Focused Cognitive Behavioral Therapy (TF-CBT)
- Medication Assisted Treatment (MAT)
- Motivational Interviewing (MI)

Assertive Community Treatment (ACT)

ACT Training Plan

- **June 2016**
 - DHS will offer an *ACT 101 Webinar* for any interested provider
- Partnerships with MHDS regions for additional trainings

ACT Training Plan

- Between July and September 2016
Selected CCBHCs will receive training and technical assistance to:
 - Support development of a new ACT Team
or
 - Ensure fidelity of existing teams

ACT Training Plan

- **Clinics Building a New ACT Team**
 - Will commit to receiving technical assistance from the UIHC IMPACT Team, to include:
 - Initial full day on-site meeting with agency staff and community stakeholders
 - Two days on-site within the first month
 - One day on-site for full calendar year
 - Weekly teleconferences as needed.

ACT Training Plan

- **Existing ACT Team**
 - Will commit to receiving technical assistance from the UIHC IMPACT Team, to include:
 - One day on-site review if DACTS fidelity tool is currently being used
 - Two day on-site review if TMACT fidelity tool is currently being used

Psychiatric Rehabilitation Approach (PRA)

PRA Training Plan

- **June 2016**
 - *PRA 101 Webinar* will be offered to all providers
- **July- September 2016**
 - 3 day Train the Trainer will be offered
 - 60 hour Practitioner Training will be offered

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

TF-CBT Training Plan

- **June – September 2016**
 - A free 10-hour on line introductory/overview course is available to any interested provider
 - The on line course is a pre-requisite for the in-person training
 - A grant-funded two day in-person training for clinicians will be offered this summer

TF-CBT Training Plan

- **To be certified in TF-CBT**
- **Within a Year of Training**
 - Clinicians must participate in TA calls
 - TA calls are typically 2 calls per month for 6 months or 1 call per month for 12 months, depending on trainer availability and preference
 - Clinicians must complete three treatment cases
 - Clinicians must apply for certification and pass a knowledge based certification test

SUD Evidence-based Practices

- Medication Assisted Treatment (MAT)
- Motivational Interviewing (MI)

CCBHC Training/Technical Assistance

The CCBHC initiative offers opportunities for providers seeking certification as a CCBHC, and other behavioral health providers, to enhance service quality and fidelity to EBP models, and to increase availability of EBPs across the service system.

Clinic Criteria

- Six Program Requirements:
 - Staffing
 - Availability and accessibility of services
 - Care coordination
 - Scope of services
 - Quality and other reporting
 - Organizational authority, governance and accreditation

Staffing

- Each Clinic must have the following staff hired directly or through DCO:
 - Licensed Substance Use Disorder professional -Direct
 - Mental health professional- Direct
 - Psychiatrist or prescriber-Direct
 - Family peer support specialist-Direct or DCO
 - Peer support specialist-Direct or DCO
 - Peer recovery coach –Direct or DCO
 - Medication assisted treatment (MAT) prescriber- Direct or DCO (dependent on type of MAT offered)
 - Targeted case management through IHH model-Direct or DCO
 - IHH care coordination team-Direct or DCO

Cultural Competency and Other Staff Training

- CCBHC staff must be trained in:
 - Cultural competency-specific to the CCBHC's population
 - Trauma-informed care
 - Person-centered, family-centered, and recovery-oriented care
 - Suicide prevention and response
 - Services to veterans and service members
 - EBP trainings as needed

Availability and Accessibility of Services

- Clinics must meet access time frames for Routine, Urgent and Emergency needs
- Based on the clinic's screening and assessment of the individual's needs, the clinic is required to meet the following access time frames:
- Routine needs- services provided and initial evaluation completed within 10 business days
- Urgent needs- initial evaluation completed within one business day of the time request is made
- Emergency needs-appropriate action taken immediately

Availability and Accessibility of Services

- Clinics must serve everyone regardless of available funding or residency
- Clinics must have intake paperwork available in languages appropriate to their catchment area
- Clinics must have hours of operation that meet the needs of the population-such as evening/weekend hours

Care Coordination

- Clinics must have electronic health technology
- Clinics must have care coordination agreements with multiple service providers and disciplines
- The CCBHC and DCO network should not impact consumer choice of providers
- IHH model is the primary method of care coordination

Scope of Services

- The clinic must provide the following services:
 - Crisis behavioral health services –Directly
 - Screening, assessment and diagnosis-Directly
 - Person-centered and family-centered treatment planning-Directly
 - Outpatient mental health and substance use disorder services-Directly
 - Outpatient primary care screening and monitoring-Direct or DCO
 - Targeted case management-Direct or DCO
 - Psychiatric rehabilitation services-Direct or DCO
 - Peer supports, peer counseling and family/caregiver supports-Direct or DCO
 - Intensive, community-based mental health care for members of the armed forces and veterans-Direct or DCO

Crisis Behavioral Health Services

- The Clinic must directly provide crisis services unless there is a state-sanctioned crisis service system
- Iowa defines state-sanctioned crisis provider as an agency that has a contract to provide crisis services in a MHDS region.
- Required crisis services are:
 - 24 hour mobile crisis
 - Emergency crisis intervention services
 - Crisis stabilization services
 - Ambulatory detox
 - Suicide crisis response

Targeted Case Management

- CCBHC must provide TCM either directly or through DCO
- TCM will be provided through the IHH model for the following individuals:
 - at high risk of suicide,
 - with an SED receiving CMH waiver, with an SMI receiving Habilitation

Substance Use Disorder TCM

- Service expansion for CCBHC clinics only
- Eligibility criteria:
 - Diagnosis of substance use related disorder that meets criteria of current DSM
 - Documented need in at least one domain involving community living skills, health care, housing, employment/financial, education or other functional area
 - Chronicity and severity of the disorder requires ongoing support
 - TCM service model for this population still under development

Peer Supports, Peer Counseling and Family/Caregiver Supports

- The clinic must provide the following services directly or through DCO:
 - Peer support services
 - Family peer support services
 - Peer recovery coaching
 - The criteria describes multiple means by which peer support can be delivered such as peer-run drop in centers, peer crisis support, peer transitional services, family/caregiver support and education services.

Quality and Other Reporting

- SAMHSA is developing 32 reporting measures the Clinic will be required to report on during the demonstration period
- Clinics will be part of the national evaluation to assess effectiveness of the CCBHC model

Organizational Authority, Governance and Accreditation

- Criteria 6.b.1 requires 51% of a CCBHC's board to be comprised of adults with a mental illness, adults recovering from an SUD, and family members of CCBHC consumers.
- Provides alternative methods of meeting this requirement if the CCBHC is unable to meet the 51% requirement.

Needs Assessment

- As part of the certification process, the state is required to conduct a needs assessment specific to the CCBHC's catchment area
- The needs assessment is conducted after CCBHCs are selected and prior to certification

Content of the Needs Assessment

- Information will be gathered from the selected clinic, community members and other stakeholders
- Assess the general community's strengths and needs
- Assess the clinic's strengths and needs
- Assess the service gaps between the clinic's services and the community's needs
- Assess the cultural needs of the community
- Guide staffing and training plans
- Guide certification process

Sample Needs Assessments

- How was the information gathered?
- What was helpful?
- What was missing?
- Other examples to consider?

CCBHC Criteria and the Needs Assessment

- Needs assessment for the targeted population and staffing plan of clinic (Criteria 1.a.1)
- The clinic's staffing plan must be informed by the Needs Assessment (Criteria 1.b.2)
- Service access forms must be in the languages identified by the needs assessment (Criteria 1.d.4)
- Clinic must provide services during times that meet the needs of their target population (Criteria 2.a.2)

Thoughts? Questions?
Suggestions?

Next Stakeholder Meeting

- Date: Thursday, July 28, 2016
- Time: 10am – 3pm
- Location: West Des Moines Community Schools Community Education Building – if available